

PATENT APPLICATION SERIAL NO. 10/518024

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
Fee Record Sheet

12/22/2004 GFREY1 00000057 10518024

01 FC:1631	300.00 OP
02 FC:1632	-500.00 OP
03 FC:1633	200.00 OP

Adjustment date: 06/01/2005 MKAYPAGH
12/22/2004 GFREY1 00000057 10518024
02 FC:1632 -500.00 OP

06/01/2005 MKAYPAGH 00000002 10518024

01 FC:1642 400.00 OP

Refund Ref:
06/01/2005 0030022270

Credit Card Refund Total: \$100.00

Am Exp.: XXXXXXXXXXXX1009

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/518024</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ 100
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 100	
		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check	
	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	9 <u>07--1337</u>
10 REASON:				
<input checked="" type="checkbox"/>	Overpayment			
	Duplicate Payment			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Patent Specialist</u>		
SIGNATURE: <u>John Anderson</u>		PHONE: <u>308-9140 ext 211</u>		
OFFICE: <u>PCT DO/EO</u>		*****		
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Crystal Park One, Room 802B